10-07-0

Attorney Docket No.: 20342/0202324-US0

Application No. (if known): 09/891,206 ficate of Express Mailing Under 37 CFR 1.10

> I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. in an envelope addressed to:

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

October 5, 2005 Date

Typed or printed name of person signing Certificate Telephone Number Registration Number, if applicable

Each paper must have its own certificate of mailing, or this certificate must identify Note: each submitted paper.

Fee Transmittal (1pg) Transmittal (1pg)

Amendment Transmittal (1pg)

Amendment (4pgs)

Information Disclosure Statement (2pgs)

IDS (Citation) by Applicant Form PTO/SB/08a/b (3 references) (1pg)

3 cited references attached

**79/2** in the amount of \$180.00 Check

Return Receipt Postcard

PTO/SB/17 (12-04v2)

Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known

FEE TRANSMITTAL For FY 2005    First Named Investor   Single Atherton	Fees pursuant to the Con	Effective on 12/08/200 nsolidated Appropriat	4. ions Act, 2005 (H.R.	4818).	Application Nun	nber	09/891,206-Cd	onf. #9337	
FOR FY 2005    First Named Inventor   Signal Atherton   Signal Atherton   J.D. Pak	FFFT	RANSM	ΙΤΤΔΙ		Filing Date		June 26, 2001		
Application Type Fee (3) Fee (				ı	First Named Inv	entor	Nigel Atherton		
METHOD OF PAYMENT (s) 180.00   Attorney Docket No.   20342/0202324-US0		or FY 200	5		Examiner Name		J. D. Pak		
METHOD OF PAYMENT (check all that apply)	Applicant claim	s small entity status.	See 37 CFR 1.27		Art Unit		1616		
Check	OTAL AMOUNT O	F PAYMENT	(\$) 180.00		Attorney Docket	No.	20342/020232	4-US0	
Deposit Account   Deposit Account   Number 04-0100   Design   Deposit Account   Number 04-0100   Design   Deposit Account   Number 04-0100   Design   Desi	METHOD OF PAY	MENT (check all	that apply)						
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  The charge any additional fee(s) or underpayment of fee(s) indicated below, except for the filing fee  The charge any additional fee(s) or underpayment of fee(s) indicated below, except for the filing fee  The charge any additional fee(s) or underpayment of fee(s) indicated below, except for the filing fee  The charge any additional fee(s) or underpayment of fee(s) indicated below, except for the filing fee  The charge any additional fee(s) or underpayment of fee(s) indicated below, except for the filing fee  The charge any additional fee(s) or underpayment of fee(s) indicated below, except for the filing fee  The charge any additional fee(s) or underpayment of fee(s) indicated below, except for the filing fee  The charge fee(s) indicated below, except for the filing fee  The charge fee(s) indicated below, except for the filing fee  The charge fee(s) indicated below, except for the filing fee  The charge fee(s) indicated below, except for the filing fee  The charge fee(s) indicated below, except for the filing fee  The charge fee(s) indicated below, except for the filing fee  The charge fee(s) indicated below, except for the filing fee  The charge fee(s) indicated below, except for the filing fee  The charge fee(s) indicated below, except for the filing fee  The charge fee(s) indicated below, except for the filing fee  The small Entity fee (\$) indicated below, except for the filing fee  The small Entity fee (\$) indicated below, except for the filing fee (\$) indicated below, except for the filing fee  The small Entity fee (\$) indicated below indicated below. except for the filing fee (\$) indicated below. except for the filing fee (\$) indicated below. except for the filing fee (\$) indicated below indicated below. except for the filing fee (\$) indicated below indicated below. except for the filing fee (\$) indicated below. ex	X Check C	redit Card	Money Order	Non	e Other (	please iden	tify):		
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below  Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  Small Entity  Fee (\$) Fe	Deposit Account	Deposit Account Num	nber: 04-0100 De	posit Acco	ount Name:	[	Darby & Darby	P.C.	
Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filling fee  Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES SEARCH FEES Small Entity Application Type Fee (\$)	<b> </b>	•	•——		•		ck all that apply)		
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17   X   Credit any overpayments	I —								ne filing fee
SEARCH   S	Charge	any additional fee	(s) or underpayn	nent of	x Credit	any overp	ayments		
Filling FEES   Small Entity   Fee (\$)   Fee							· · · ·		
Filling FEES   Small Entity   Fee (\$)   Fee			MINATION FEE	s					-
Application Type		FILIN	-	SEA		EXAMI			
Design	Application Type	Fee (\$)		Fee (\$)		Fee (\$)		Fees F	Paid (\$)
Plant	Utility	300	150	500	250	200	100		
Reissue	Design	200	100	100	50	130	65		
Provisional   200   100   0   0   0   0   0   0   0   0	Plant	200	100	300	150	160	80		
2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Each independent claims  Total Claims  Fee (\$) Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Fee Paid (\$)	Reissue	300	150	500	250	600	300		
Fee (\$)   Fee (\$)	Provisional	200	100	0	0	0	0		
Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Indep. Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Indep. Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Fee (\$)  Indep. Claims  Fee Paid (\$)  Indep. Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Indep. Claims  Fee Paid (\$)  Indep. Claims  Indep. Claims  Fee Paid (\$)  Indep. Claims  Indep. Cl	2. EXCESS CLAIM F	EES							
Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Sheets of fraction and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Fies Paid (\$)  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement  Registration No. (Altorney/Agent)  Registration No. (Altorney/Agent)  Fees Paid (\$)  Registration No. (Altorney/Agent)  Fees Paid (\$)  Fees Paid (\$)									
Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Support (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fees Paid (\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement  Registration No. (Altorney/Agent)	•	_	•						
Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  SAPPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  (round up to a whole number) x  Fees Paid (\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filling surcharge): 1806 Submission of an Information Disclosure Statement  Registration No. (Attorney/Agent)  Registration No. (Attorney/Agent)  Submitted BY  Registration No. (Attorney/Agent)  Registration No. (Attorney/Agent)  Registration No. (Attorney/Agent)	· ·		ng Reissues)						
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)  -= x =   3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  -100 = /50 (round up to a whole number) x =   4. OTHER FEE(S) Fees Paid (\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00  SUBMITTED BY  Registration No. (Attorney/Agent) 56,190 Telephone (206) 262-8900	1 -								
Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  (round up to a whole number) x  Fee Paid (\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement  Registration No. (Attorney/Agent)  Submitted by  Signature  Registration No. (Attorney/Agent)  Registration No. (Attorney/Agent)  Registration No. (Attorney/Agent)  Registration No. (Attorney/Agent)  Telephone (206) 262-8900	Total Claims	Extra Claims	Fee (\$)	Fee F	aid (\$)				
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets	= .	× -	=		<del></del>	<u>F</u>	<u>e (\$)</u>	ree Paid (3	n n
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Cround up to a whole number) x  Fees Paid (\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement  Registration No. (Attorney/Agent)  Submitted BY  Signature  Registration No. (Attorney/Agent)  Figure 1	Indep. Claims	Extra Claims x		Fee P	aid (\$)				_
- 100 =	If the specification a listings under 37	and drawings exce CFR 1.52(e)), the	application size	fee du	e is \$250 (\$125 f	onically f or small e	iled sequence or entity) for each a	computer dditional 5	0
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00  SUBMITTED BY Signature Registration No. (Attorney/Agent) 56,190 Telephone (206) 262-8900	<u> </u>							<u>Fee  </u> =	Paid ( <u>\$)</u>
Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00  SUBMITTED BY  Signature Registration No. (Attorney/Agent) 56,190 Telephone (206) 262-8900	4. OTHER FEE(S)		<del></del>	-		,		Fees	Paid (\$)
Signature Registration No. (Attorney/Agent) 56,190 Telephone (206) 262-8900		•	•	-		isclosure	Statement	18	0.00
Signature Registration No. (Attorney/Agent) 56,190 Telephone (206) 262-8900	SUBMITTED BY	,							
	1 1/	ull him				56,190	Telephone	(206) 26	2-8900
	Name (Print/Type) She	elly M. Fujikawa	<del></del>				Date	October	5, 2005

{	W:\20342\0202324us0\00517206.	
ſ	Express Mail Label No.	Dated:

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

OPE 4	0,2
OCT 0 5 70	COFFICE
PATENT & TRAC	<b>3</b>

## **TRANSMITTAL FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/891,206-Conf. #9337
Filing Date	June 26, 2001
First Named Inventor	Nigel Atherton
Art Unit	1616
Examiner Name	J. D. Pak
Attorney Docket Number	20342/0202324-US0

	EN	CLOSURES (Check all	that app	ly)
x Fee Transm	nittal Form	Drawing(s)		After Allowance Communication to TC
x Fee A	Attached	Licensing-related Papers		Appeal Communication to Board of Appeals and Interferences
x Amendmen	t/Reply	Petition		Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
After	Final	Petition to Convert to a Provisional Application		Proprietary Information
Affida	vits/declaration(s)	Power of Attorney, Revocation Change of Correspondence		Status Letter
Extension of	of Time Request	Terminal Disclaimer		X Other Enclosure(s) (please Identify below):
Express Ab	andonmenţ Request	Request for Refund		Return Receipt Postcard Certificate of Express Mailing
x Information	Disclosure Statement	CD, Number of CD(s)		3 cited references Form PTO/SB/08a/b
Certified Co	opy of Priority s)	Landscape Table on	CD	Amendment Transmittal
Reply to Mis Incomplete		Remarks		
Reply 37 CF	to Missing Parts under FR 1.52 or 1.53			
	SIGNATI	JRE OF APPLICANT, ATTOR	NEY, OR	AGENT
Firm Name	DARBY & DARBY P	.C.		
Signature	Shilly An	~		
Printed name	Shelly M. Fujikawa			
Date	October 5, 2005		Reg. No.	56,190

Express Mail Label No.	Dated:		

Annlication	DMENT T	Filing [		Examiner	20342/0202324 Art U
Application No. Filing Da 09/891,206-Conf. #9337 June 26, 2				J. D. Pak	16
pplicant(s): Nige	Atherton et al	l.			
ention: TREAT	MENT OF BON	NE DISEASES			
	ТО	THE COMMI	SSIONER FO	OR PATENTS	
Transmitted here					
The fee has been	calculated and				
	Claima		S AS AMENI	DED	
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	44	- 48 =	rresent	X	-
Independent	16	- 17 =		х	
Claims  Multiple Depend	L		<u> </u>		
x Large Entity x No additiona	ıl fee is required	d for this amer	ndment.	Small Entity	
Please charg	•	ount No	ir	n the amount of \$ _	
A check in th	ne amount of \$		to cover	the filing fee is encl	osed.
=	credit card. Fo	orm PTO-2038	is attached.		
Payment by	طفينه بنظمتهما مثا			Deposit Account N	o. <u>04-0100</u>
X The Director	is nereby authors I below. A dupl	licate copy of t	this sheet is e	enclosed.	•
X The Director as described		• •	this sheet is e	enclosed.	•
The Director as described  X Credit ar	l below. A dupl ny overpaymen	it.		enclosed. fees required under 3	37 CFR 1.16 and 1.
The Director as described  X Credit ar	l below. A dupl ny overpaymen	it.		fees required under 3	
The Director as described X Credit ar	d below. A dupling overpayment any additional filing the same and the same are also below the same are also below.	it.			37 CFR 1.16 and 1 October 5, 2005

Express Mail Label No. Dated: \_\_\_\_\_